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| TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC | | FROM: ROUTING CODE: ADDRESS: PHONE NUMBER: | |
| THRU (Liaison Officer): | | | |
| BILLET TITLE: BILLET #: _____ | | | |
| RANK REQUESTED: (0-2, 0-3, 0-4, etc.) _____ | | (This block to be completed by liaison officer) IS THIS A NEW BILLET: YES NO BILLET PRIORITY: A, B, C, R | |
| GS/GM EQUIVALENT: _____ | | | |

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| IMMEDIATE SUPERVISOR: | TITLE: | PHONE NUMBER: |
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EDUCATIONAL REQUIREMENTS:

OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC...)

1. GENERAL DESCRIPTION OF BILLET:

2. DUTIES AND RESPONSIBILITIES:

a. Is this a supervisory billet? YES NO

b. If so, state number and grade of personnel supervised. Number: Grade(s):

3. CAREER DEVELOPMENT OPPORTUNITIES:

4. ADDITIONAL COMMENTS:

SIGNATURE OF SUPERVISOR:

DATE: